



2009216

NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on ellipse (12 pitch) typewriter)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. UTR 000 000 661		Manifest Document No. 04 0604		2. Page 1 of	
3. Generator's Name and Mailing Address US EPA REGION 8 999 18th ST. SUITE 200 DENVER CO., 80202-2466							
4. Generator's Phone (303) 312-6983 ATTN: FLOYD NICHOLS							
5. Transporter 1 Company Name MP ENVIRONMENTAL		6. US EPA ID Number CAT 000 624 247		A. State Transporter's ID N/A		B. Transporter 1 Phone 877 800-5111	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address CLEAN HARBORS GRASSY MTN. FACILITY 3 MILES EAST, 7 MILES NORTH OF EXIT 41 OFF I-80 CLIVE, UT. 84043				10. US EPA ID Number UTD 971 301 748		E. State Facility's ID	
				F. Facility's Phone 801 323-8900			
11. WASTE DESCRIPTION				12. Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. 'RQ' ASBESTOS, 9, NA 2212				001 CM		00040 CY	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 11A) CH 656 3AB 1440 YD ROLL OFF (ASBESTOS CONTAINING PPE + DEBRIS DOUBLE BAGGED + WLTED)				H. Handling Codes for Wastes Listed Above			
SALES ORDER D9793803							
15. Special Handling Instructions and Additional Information USE STANDARD PROTECTIVE CLOTHING AND EQUIPMENT EMERGENCY # (888) 814-7477 24HR.							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name DARRELL S. SICKLAND, USCG				Signature Darrell S. Sickland		Date 6/04/04	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Joseph Shinder		Date 6/04/04	
Printed/Typed Name JOSEPH SHINDER FOR MP				Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date	



NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY